

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address John K Rounds 674 County Square Drive Suite 108 Ventura, CA 93003 805 650 7100 Fax: 805 832 6315 170531 CA admin@rslawllp.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Kristen Marie Fitzpatrick	CASE NO.: CHAPTER: 7
	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing Required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

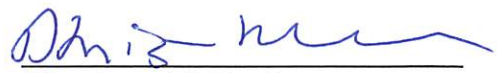
During the 60-day period before the Petition Date (Check only ONE box below):

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: Jan. 19, 2024

Kristen Marie Fitzpatrick
Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

Prado Inc
526 Laguna St
Santa Barbara CA 93101-1608

Pay Stub Detail
PAY DATE: 12/06/2023
NET PAY: \$371.89

*Kristen M. Fitzpatrick
225 Elm St. Apt 3
Santa Paula CA 93060

EMPLOYER

Prado Inc
526 Laguna St
Santa Barbara CA 93101-1608

EMPLOYEE

*Kristen M. Fitzpatrick
225 Elm St. Apt 3
Santa Paula CA 93060

SS#: ...7006

PAY PERIOD

Period Beginning 11/24/2023
Period Ending: 12/08/2023
Pay Date: 12/06/2023
Total Hours: 24.10

OTHER PAY/CONTRIBUTIONS

	Current	Year To Date
Health Insurance (company paid)	190.15	1,457.60

NET PAY:

Acct#....0002:	\$371.89
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MEMO:

PAY	Hours	Rate	Current	YTD
Regular Pay	24.10	19.75	475.98	9,447.63
Holiday Pay	-	19.75	0.00	316.00

DEDUCTIONS	Current	YTD
Health Insurance (company paid)	63.39	478.86

TAXES	Current	YTD
Federal Income Tax	0.00	567.20
Social Security	29.52	605.35
Medicare	6.90	141.57
CA Income Tax	0.00	163.96
CA State Disability Ins	4.28	87.87

SUMMARY	Current	YTD
Total Pay	\$475.98	\$9,763.63
Taxes	\$40.70	\$1,565.95
Deductions	\$63.39	\$478.86

Net Pay \$371.89

Prado Inc
526 Laguna St
Santa Barbara CA 93101-1608

Pay Stub Detail
PAY DATE: 12/01/2023
NET PAY: \$878.81

*Kristen M. Fitzpatrick
225 Elm St. Apt 3
Santa Paula CA 93060

EMPLOYER

Prado Inc
526 Laguna St
Santa Barbara CA 93101-1608

PAY PERIOD

Period Beginning 11/09/2023
Period Ending: 11/23/2023
Pay Date: 12/01/2023
Total Hours: 56.00

EMPLOYEE

*Kristen M. Fitzpatrick
225 Elm St. Apt 3
Santa Paula CA 93060

OTHER PAY/CONTRIBUTIONS

	Current	Year To Date
Health Insurance (company paid)	190.15	1,267.45

SS#: ...7006

NET PAY:

\$878.81

Acct#....0002:

\$878.81

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	48.00	19.75	948.00	8,971.65
Holiday Pay	8.00	19.75	158.00	316.00

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
Health Insurance (company paid)	63.39	415.47

<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	54.30	567.20
Social Security	68.57	575.83
Medicare	16.04	134.67
CA Income Tax	14.93	163.96
CA State Disability Ins	9.96	83.59

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$1,106.00	\$9,287.65
Taxes	\$163.80	\$1,525.25
Deductions	\$63.39	\$415.47

Net Pay \$878.81

Prado Inc
526 Laguna St
Santa Barbara CA 93101-1608

Pay Stub Detail
PAY DATE: 11/16/2023
NET PAY: \$1,004.79

*Kristen M. Fitzpatrick
225 Elm St. Apt 3
Santa Paula CA 93060

EMPLOYER

Prado Inc
526 Laguna St
Santa Barbara CA 93101-1608

EMPLOYEE

*Kristen M. Fitzpatrick
225 Elm St. Apt 3
Santa Paula CA 93060

SS#: ...7006

PAY PERIOD

Period Beginning 10/25/2023
Period Ending: 11/08/2023
Pay Date: 11/16/2023
Total Hours: 64.02

OTHER PAY/CONTRIBUTIONS

	Current	Year To Date
Health Insurance (company paid)	179.55	1,077.30

NET PAY:

Acct#....0002: **\$1,004.79**

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	64.02	19.75	1,264.40	8,023.65
Holiday Pay	-	19.75	0.00	158.00

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
Health Insurance (company paid)	58.68	352.08

<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	73.31	512.90
Social Security	78.39	507.26
Medicare	18.33	118.63
CA Income Tax	19.52	149.03
CA State Disability Ins	11.38	73.63

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$1,264.40	\$8,181.65
Taxes	\$200.93	\$1,361.45
Deductions	\$58.68	\$352.08

Net Pay \$1,004.79